



RCE *[Signature]*

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL FORM (37 C.F.R. § 1.114)**

DOCKET NO. 2664/50503	APPLICATION SERIAL NO. 10/635,659	EXAMINER Golam M. Shameem	ART UNIT 1626
INVENTOR: Viktor Gyollai et al.		CONFIRMATION NO. 8878	

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

This is a **Request for Continued Examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. **10/635,659**, filed on **August 5, 2003**, entitled **PREPARATION OF AZTREONAM**.

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

☐ Amendment

☒ Information Disclosure Statement and Form PTO-1449

☐ Drawing Changes

☐ Other Submission

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop: RCE
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: January 5, 2006

Signature: Sharon Huang

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	13		20	0	50.00	0.00
INDEPENDENT CLAIMS	1		3	0	200.00	0.00
MULTIPLE DEPENDENT CLAIM					360.00	0.00
				Number extra must be zero or larger	TOTAL	0.00
If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.						SMALL ENTITY
						TOTAL 790.00

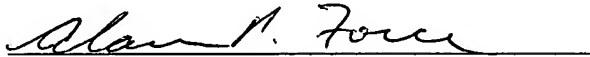
01/13/2006 BABRAHA1 00000056 110600 10635659

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2. Please charge the required RCE and submission filing fee and additional claims fee of **\$790.00** to the deposit account of **Kenyon & Kenyon LLP**, deposit account number **11-0600**.
3. The Commissioner is also hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon LLP**, deposit account number **11-0600**.
4. A duplicate copy of this transmittal form is enclosed.

Dated: January 5, 2006

By: Respectfully submitted,



Alan P. Force (Reg. No. 39,673)

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